



**METRO
Parks**
www.metro-parks.org

VOLUNTEER APPLICATION

Metro Parks believes that civic participation is a vital component of a strong parks and recreation system, and we are excited to welcome you to our Volunteer Team!

Please complete the attached Volunteer Application packet to begin volunteering with Metro Parks. All three pages of the Volunteer Application Packet **must** be completed for processing.

Important Information about Records Checks:

- Volunteers will not be accepted if they have pending charges.
- Volunteers with criminal convictions more than 5 years old, other than a felony, will be considered on a case-by-case basis.
- Metro Parks does not use court-referred workers or work-release workers (including minors in a court-ordered diversion program) for individual volunteer positions.

Important Information for Volunteers Under Age 18:

- The minimum age for volunteers is sixteen unless accompanied by a supervisor or an adult, unless specified otherwise in federal and state laws or in the volunteer description.
- Volunteers under the age of 18 must have the signature of a parent or legal guardian on their "Agreement to Volunteer and Accept Worker's Compensation" Form.
- Volunteers under the age of 18 are not required to complete an Authorization for Records Check Form.

Thank you for your interest in volunteering with Metro Parks!

Please Return completed Application to:

Metro Parks Volunteer Office
PO Box 37280
Louisville, KY 40233-7280
FAX: (502) 456-3250



Louisville/Jefferson County Metro Government
517 Court Place
Louisville, KY 40202-3305
(502) 574-3854

AUTHORIZATION FOR RECORD CHECK

Position(s) Desired: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Social Security Number: _____ - _____ - _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Address (If less than three years at current address) _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ / _____ / _____ **(REQUIRED)**
Month Day Year

Maiden/Previous Names: _____

I, _____, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro government processing my application to volunteer.

Signature: _____ **Date:** _____



Louisville Metro Government
Agreement to Volunteer and Accept Worker's Compensation Benefits

Louisville/Jefferson County Metro Government ("Metro Government") and _____
("Volunteer") agree as follows regarding volunteering and acceptance of Workers' Compensation coverage:

- 1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.
- 2) Metro Government agrees to provide Workers' Compensation coverage to the Volunteer pursuant to the Kentucky Workers' Compensation Act (KRS 342, *et seq.*), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.
- 3) Volunteer accepts the coverage of the Workers' Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers Compensation Act, in exchange for being provided this free coverage.
- 4) Volunteer agrees that Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.
- 5) This Agreement shall be valid for twelve months from date of signature.

Louisville/Jefferson County Metro Government Department: Metro Parks

Supervisor: _____ **Date:** _____

Volunteer – Signature: _____

Volunteer Name – Print: _____

Address: _____

E-Mail Address: _____

_____ Check here to be notified by email about other volunteer opportunities

Telephone Number: _____

If the Volunteer is under the age of 18 years, his or her parent or guardian must sign below.

Date of Birth: _____ **Age of Volunteer:** _____

Parent or Guardian Signature: _____

Parent or Guardian Name-Print: _____



Volunteer Information

DATE: _____ RENEWAL?: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Email: _____

Availability: _____

Program/Site of Interest: _____

Reason for Volunteering: _____

Previous Volunteering Experience, including other Metro agencies: _____

Emergency Contact Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Physician: _____

Dentist: _____

Present Employer: _____

Position: _____

Non-Family Reference #1: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Relationship to Volunteer: _____

Non-Family Reference #2: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Relationship to Volunteer: _____

Do you have charges pending or have you admitted guilt or been found guilty included Deferred Adjudication of committing any felony or misdemeanor? (This includes offenses for which probation was granted and DUI. Exclude minor traffic violations.) _____

If your answer is "yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court and the disposition of the case. A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.
